



PTO/SB/81 (01-06)

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INDICATION FORM**

Application Number	10/619,510
Filing Date	March 29th, 2008
First Named Inventor	Maerz, Robert ; et al.
Title	
Art Unit	3691
Examiner Name	Olabode Akintola
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Maerz, Robert; (Stone Harbor, NJ)	
Sjo, Ernest; (Huntington Beach, CA)	

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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☐ The address associated with Customer Number:

OR

☒ Firm or Individual Name Robert Maerz GOPOPS Inc.

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I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

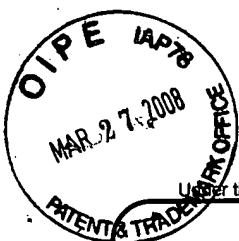
Signature		Date	3/29/08
Name	Robert Maerz	Telephone	(808) 279-3642
Title and Company	Chairman - GOPOPS.COM Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 2 forms are submitted.

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I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Ernest Sjo</i>	Date	3-29-2008
Name	Ernest Sjo	Telephone	(714) 323-5617
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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